

State of Tennessee



## **DENTAL PLAN OPTIONS**

PLAN YEAR: 2023





## **Contents**





- Cigna Value Added Tools & Programs
- On-site Dental Option
- Q&A







Primary care dentist: Choose a primary care dentist in the Cigna Dental Care® network for the state of Tennessee plan who can provide all your care

- Change your network dentist at any time
- Receive care from a pediatric dentist up to age 13



**Network:** Use dentists in the Cigna Dental Care® network for the state of Tennessee plan and you may pay less than you would with other types of dental plans

No out-of-network coverage (except in emergencies)



Predictable costs: Estimate costs in advance based on your Patient Charge Schedule, then pay an office visit copay and in some cases a lab fee for each service listed



**Deductible and maximums:** No deductible or calendar year maximums



## CIGNA DENTAL CARE®



## Coverage with no deductibles or waiting periods

#### **Examples of covered services**

- Preventive care such as cleanings and exams at no added cost (or low cost)
- Additional cleanings, fluoride and fluoride varnish available for a copay
- Temporomandibular joint diagnosis
- ✓ General anesthesia/IV sedation when medically necessary
- Coverage for brush biopsy, a noninvasive diagnostic procedure for detecting oral cancer

- ✓ No age limit on sealants
- Coverage for advanced procedures like crowns and bridges over implants
- Second opinions covered
- Emergency care
- Orthodontic coverage for children and adults
- Surgical placement of implants, limited to one implant per calendar year with a replacement of one every 10 years



# YOUR ACCESS: HUNDREDS OF DENTISTS, ONE DIRECTORY



The Cigna Dental Care DHMO gives you access to a **network of quality dentists** and covers hundreds of procedures — for greater convenience and bigger savings.



All participating dentists are consolidated into **one directory**, which you can easily search online at the **myCigna**® website or app.



Search for providers using the special instructions specific to the state of Tennessee. Go to www.cigna.com/stateoftn





## Find info online – myCigna.com

After you enroll, register at myCigna.com

- Review your personal plan information
- Find network dentists
- Print temporary ID cards
- Download Cigna Dental Oral Health Integration Program® reimbursement forms
- View claim status for special claims
- View year-to-date dental costs
- Change your DHMO dental office\*

- Estimate approximate costs prior to actual treatment, based on plan information and individual dentist's contracted fees
- Take oral health assessments that you can print and share with your dentist
- Read dental health articles and view videos from WebMD<sup>®</sup>
- Find Healthy Rewards®\*\* discount information





<sup>\*</sup> Changes made by the 15th day of the month are effective the first day of the following month.

<sup>\*\*</sup> Healthy Rewards is a discount program and is separate from your dental benefits. If your plan includes coverage for any of the services offered through Healthy Rewards, this program is in addition to, not instead of, your plan benefits. Some Healthy Rewards programs are not available in all states and may be discontinued at any time. A discount program is NOT insurance, and you must pay the entire discounted charge.

# CIGNA DENTAL ORAL HEALTH INTEGRATION PROGRAM®

## Save money and help manage medical conditions with better oral care

• Oral health and overall health are connected in ways you may not even realize<sup>1</sup>

If you are pregnant or have been diagnosed with certain chronic medical conditions, you can enroll in the Cigna Dental Oral Health Integration Program. Then, you'll be eligible to be reimbursed for out-of-pocket costs for certain dental procedures<sup>2</sup>

 We also work with dental providers to help protect you and your family from medication misuse, addiction and overdose

Mayo Clinic, "Oral health: A window to your overall health." https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475. Last updated October 28, 2021.

2. This program provides reimbursement for certain eligible dental procedures for customers with qualifying medical conditions.

Customers must enroll in the program prior to receiving dental services to be eligible for reimbursement. Reimbursement is applied to and subject to any applicable calendar year maximum. See your plan documents for program details.

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## CIGNA DENTAL ORAL HEALTH INTEGRATION PROGRAM®



#### **More programs**

Available to ALL Cigna Dental customers with a qualifying condition(s) who enroll in the program



#### More wellness

Articles on behavioral issues linked to oral health

Procedure	Heart disease	Stroke	Diabetes	Pregnancy	Chronic kidney disease	Organ transplants	Radiation- head/neck cancers	Rheumatoid arthritis	Sjogren's syndrome	Lupus	Parkinson's disease	ALS	Huntington's Disease	Opioid misuse or addiction
Periodontal treatment and maintenance	•	•	•	•	•	•	•							•
Periodontal evaluation				•										
Oral evaluation				•										•
Cleaning				•										
Scaling in the presence of inflammation — full mouth				•										
Emergency palliative treatment				•										
Topical application of fluoride varnish					•	•	•	•	•	•	•	•	•	•
Topical application of fluoride excluding varnish					•	•	•	•	•	•	•	•	•	•
Sealants					•	•	•	•	•	•	•	•	•	•
Sealant repair — per tooth					•	•	•	•	•	•	•	•	•	•



## MORE THAN JUST DENTAL BENEFITS



## Cigna Healthy Rewards®1

Discounts on a range of health and wellness programs and services



## **Dental Information Line**

24/7 access to trained professionals who can help answer your questions about dental treatment and clinical symptoms

1. Healthy Rewards is a discount program and is separate from your dental benefits. If your plan includes coverage for any of the services offered through Healthy Rewards, this program is in addition to, not instead of, your plan benefits. Some Healthy Rewards programs are not available in all states and may be discontinued at any time. A discount program is NOT insurance, and you must pay the entire discounted charge.



## CIGNA DENTAL VIRTUAL CARE<sup>1</sup>

## Get the dental care you need without leaving home

If you need dental care and are unable to reach your regular provider, you now have the option to consult with a licensed dentist through a video call.

- Available 24 hours a day, seven days a week, 365 days a year
- Helps address urgent dental situations like toothaches, infection, swelling, bleeding and more
- Identifies whether more involved procedures are needed, and helps guide care

- If necessary, prescribes medication<sup>2</sup> to be filled at your local pharmacy
- Processed as in-network claim on your plan, with no copay or coinsurance costs (but does apply to your plan's annual maximum, if applicable)

To access Cigna Dental Virtual Care, just log on to your **myCigna.com**® account and follow the prompts to the virtual care portal.

- 1. Cigna provides access to virtual care through national teledental care providers via myCigna.com as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers and is a requirement for this service. See your plan materials for the details of your specific Dental plan. This service is separate from coverage for virtual dental care obtained by your Dental plan's network and may not be available in all areas. A referral is not required for this service.
- 2. Dentists are unable to prescribe opioid or narcotic medications, and are subject to all laws in your residence state regarding the prescribing of medication.



## We're here 24/7/365



#### By phone – 1.800.997.1617

Call anytime day or night for live customer service

#### Cigna has set up a state of Tennessee URL.

Go to www.cigna.com/stateoftn

- Dental Plan Information
- Find a Dentist Search Instructions
- Valuable Program Information





Dentists who participate in Cigna's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's plan booklet, evidence of coverage, insurance certificate, or summary plan description – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries, including Cigna Dental Health of Florida, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., a **Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes**, Cigna Dental Health of Kansas, Inc. (KS & NE), Cigna Dental Health of Kentucky, Inc. (KY & IL), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network. Policy forms: OK – Dental Indemnity/PPO: HP-POL-388 (CHLIC; DHM); DHMO: HP-POL115 (CHLIC); OR – Indemnity/DPPO/DEPO: HP-POL68/HP-POL352, DHMO: HP-POL121 04-10; TN – Dental Indemnity/PPO: HP-POL69/HC-CER2V1/HP-POL389, et al. DHMO: HP-POL134/HC-CER17V1 et al. (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

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## **APPENDIX A**

## Cigna Dental Care® for residents of Minnesota and Oklahoma

Minnesota Residents: When enrolling in a Cigna Dental Care® plan, you must visit your selected network dentist in order for the charges on the Patient Charge Schedule to apply. You may also visit other dentists that participate in our network, or you may visit dentists outside the Cigna Dental Care® network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We will pay 50% of the value of your network benefit for those services. You'll pay less if you visit your selected Cigna Dental Care® network dentist. Call customer service for more information.

**Oklahoma Residents**: Cigna Dental Care<sup>®</sup> for Oklahoma is an Employer Group Prepaid Dental Plan. You may also visit dentists outside the Cigna Dental Care<sup>®</sup> network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We pay non-network dentists the same amount we'd pay network dentists for covered services. You'll pay less if you visit a network dentist in the Cigna Dental Care<sup>®</sup> network. Call customer service for more information.



## **APPENDIX B**

#### Cigna Dental Care® limitations and exclusions

The following limitations apply to most Cigna Dental Care<sup>®</sup> plans: Two (2) cleanings and bitewing x-rays per calendar year; one (1) full mouth/panorex x-ray every three calendar years; TMJ treatment (when included on your PCS) is limited to one (1) occlusal orthotic device every two years; the replacement of crowns and inlays, and prosthesis over implants (if unserviceable and cannot be repaired), is limited to once every five years. The frequency limitations of certain other covered services are set forth in the Patient Charge Schedule (PCS).

In general, only those services that are medically necessary and listed on the PCS are covered. The following services are generally not covered unless otherwise listed on the PCS or required by law.

- (a) Experimental and cosmetic dentistry, and any services that do not meet common dental standards;
- (b) Treatments or surgery if associated with a poor or hopeless diagnosis;
- (c) The recommendation of any inlay, onlay, crown, post and core or fixed bridge, or implant supported prosthesis (including crowns, bridges, and dentures) within 180 days of initial placement;
- (d) Crowns, bridges and implant supported prosthesis used solely for splinting;
- (e) Completion of crowns, bridges, dentures, or root canal treatment already in progress on the effective date of your Cigna Dental coverage;\* and
- (f) If your plan includes orthodontic coverage, the following is not generally not covered: (1) incremental costs associated with optional/elective materials; (2) procedures or appliances to guide minor tooth movement or correct harmful habits; (3) replacement of appliances that have been lost, stolen, or damaged due to patient abuse, misuse or neglect; or (4) any services which are not typically included in orthodontic treatment.

This is not a complete list and the terms of your specific dental plan may vary. See your plan documents for a complete list of plan terms, conditions, limitations and exclusions.

\*California and Texas residents: Treatment for conditions already in progress on the effective date of your coverage are not excluded if otherwise covered on the PCS.

